



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

BALLOT QUESTION COMMITTEE
COVER PAGE

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CARNELLA SADAUGH
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed
by the treasurer or designated record keeper.

3. This Statement covers From: 8-24-04 To 11-01-04
Mo Day Year Mo Day Year

1. Committee I.D. Number

137371

2. Committee Name

CITIZENS FOR A
SAFE COMMUNITY

4. Committee's Mailing Address

22425 15 MILE RD
CLINTON TWP, MI 48035

Area Code and Phone (586) 791-3288
If the address in this box is different from the committee mailing address on the Statement
of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address

THOMAS TIGNANELLI
38666 MORIVIAN
CLINTON TWP, MI 48036

Area Code and Phone (586) 783-5090

6. Treasurer's Business Address

22425 15 MILE RD.
CLINTON TWP, MI 48035

Area Code and Phone (586) 791-3288

7. Designated Record Keeper's Name and Mailing Address
(If the committee has a Designated Record Keeper)

MICHAEL CMMI
18765 RIVER POINTE
CLINTON TWP, MI 48038

Area Code and Phone (586) 228-8307

8. TYPE OF STATEMENT:

8a. ☐ PRE-ELECTION

OR

8b. ☒ POST-ELECTION

Pre-Election or Post-Election Statement relates to:

☒ PRIMARY

☐ GENERAL

☐ SCHOOL

☐ SPECIAL

Date of Election:

Aug. 3, 2004
Month Day Year

8c. ☐ ANNUAL STATEMENT

(Coverage Year)

8d. ☐ QUALIFICATION

OR

☐ NON-QUALIFICATION STATEMENT
(Required of State-wide Ballot Question
Committees Only)

Date of Qualification or Non-Qualification:

Month Day Year

8e. ☐ AMENDMENT TO CAMPAIGN
STATEMENT

(Complete Item 8a, 8b, 8c 8d, or 8f to
indicate which Statement is being amended)

8f. ☒ DISSOLUTION OF COMMITTEE

Effective Date of Dissolution

11 01 04
Month Day Year

By checking this item, I certify that the
committee has no assets or outstanding debts,
including late filing fees. Note: The disposition
of residual funds must be reported on Schedule
4B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or
Designated Record Keeper

Type or Print Name

Signature

Date

Month Day

Year

2005



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number

137371

2. Committee Name

CITIZENS FOR A SAFE COMMUNITY

RECEIPTS

3. Itemized Contributions (Schedule 4A, Column 6)

4. Other Receipts (Schedule 4A-1, Column 6)

5. **TOTAL CONTRIBUTIONS AND OTHER RECEIPTS**
(Add Line 3 c + Line 4)

Column I
This Period

(3.) \$ 1,348.54

(4.) \$ 0

(5.) \$ 1,348.54

Column II
Cumulative for Election Cycle

(18.) \$ _____

(19.) \$ _____

(20.) \$ _____

IN-KIND CONTRIBUTIONS

6. Itemized In-Kind Contributions

(6.) \$ 0

(21.) \$ _____

EXPENDITURES

7. Expenditures

a. Itemized Direct Expenditures (Schedule 4B, Column 7)

(7a.) \$ 0

b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)

(7b.) \$ 0

c. In-Kind Expenditures - Purchase of Goods or Services
(Schedule 4B-2, Column 7)

(7c.) \$ 0

d. Unitemized Expenditures (\$50.00 or less-no Schedule)

(7d.) \$ 0

8. Subtotal of Expenditures

(8.) \$ 0

(22.) \$ _____

9. Independent Expenditures (Schedule 4B-1, Column 7)

(9.) \$ 0

(23.) \$ _____

10. **TOTAL EXPENDITURES** (Add Line 8 + Line 9)

(10.) \$ 0

(24.) \$ _____

IN-KIND EXPENDITURES

11. Total In-Kind Expenditures-Endorsements, Donations or
Loans of Goods or Services (Schedule 4B-2, Column 8)

(11.) \$ 0

(25.) \$ _____

DEBTS AND OBLIGATIONS

12. Debts and Obligations

a. Owed by the Committee (Schedule 4E)

(12a.) \$ 1,348.54

b. Owed to the Committee (Schedule 4E)

(12b.) \$ 0

BALANCE STATEMENT

13. Ending Balance of last report filed
(Enter zero if no previous reports have been filed.)

(13.) \$ -1348.54

14. Amount received during reporting period
(Line 5, Column I, Total Contributions & Other Receipts)

(14.) + 1,348.54

15. **SUBTOTAL** Add lines 13 and 14

(15.) = 0

16. Amount expended during reporting period
(Line 10, Column I, Total Expenditures)

(16.) - 0

17. **ENDING BALANCE**
(Subtract line 16 from line 15)

(17.) \$ 0 *

*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1</p> <p>4. Date of Receipt <u>11-1-04</u></p> <p>Name: <u>SHADOWOODS TOM TIBNAUSLI</u></p> <p>Address: <u>22425 15 mile</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>employee</u> Employer <u>SHADOWOODS</u></p> <p>Business Address <u>22425 15 mile</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		<u>1348.54</u>	
<p>3. Contribution # 2</p> <p>4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
<p>3. Contribution # 3</p> <p>4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
<p>3. Contribution # 4</p> <p>4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			

Page Subtotal):
Grand Total of All Schedules 4A
(Complete on last page of Schedule)

1348.54

Enter this total
on line 3a of
Summary
Page

1 of 1